

PROVIDER SEXUAL CRIME REPORT

K

Per MGL C.112, S. 12A 1/2

A. PATIENT/VICTIM INFORMATION <i>Name, address and other identifying information should not be written on this anonymous form.</i>																																																			
1. Age: _____ 2. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male 3. Race: <input type="checkbox"/> White (non-Hisp.) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (non-Hisp.) <input type="checkbox"/> Asian/Pac. Isl. <input type="checkbox"/> Other: _____ 4. Date of Assault (e.g., 01/01/2000): _____ 5. Approx. Time of Assault: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM 6. City/Town of assault: _____ State: _____ Neighborhood: _____ 7. Specific surroundings at time of assault: <input type="checkbox"/> House/Apartment <input type="checkbox"/> Outdoors <input type="checkbox"/> Dormitory <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____ <input type="checkbox"/> Unsure 8. Date of hospital exam (e.g., 01/01/2000): _____ 9. Time of hospital exam: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM 10. Hospital providing service: _____ 11. Exam Completed by a Sexual Assault Nurse Examiner (SANE)? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Interpreter used? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____																																																			
B. ASSAILANT(S) INFORMATION <i>Did the patient/victim voluntarily report any of the following relationships with the assailant(s)?</i>																																																			
13. Total number of assailants: _____ 14. Assailant(s) relationship to patient/victim and gender of assailant (m/f) (If >1 assailant, designate relationship of each). <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:5%; text-align: center;"># Male</th> <th style="width:5%; text-align: center;"># Female</th> <th style="width:45%;"></th> <th style="width:5%; text-align: center;"># Male</th> <th style="width:5%; text-align: center;"># Female</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Parent/ Step-parent</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Boy/ girlfriend</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Spouse/ live-in partner</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Ex-boy/ girlfriend</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Ex-Spouse/ live-in partner</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Date</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Parent's live-in partner</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Acquaintance</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other relative</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Friend</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Stranger</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Unknown</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>					# Male	# Female		# Male	# Female	<input type="checkbox"/> Parent/ Step-parent	_____	_____	<input type="checkbox"/> Boy/ girlfriend	_____	_____	<input type="checkbox"/> Spouse/ live-in partner	_____	_____	<input type="checkbox"/> Ex-boy/ girlfriend	_____	_____	<input type="checkbox"/> Ex-Spouse/ live-in partner	_____	_____	<input type="checkbox"/> Date	_____	_____	<input type="checkbox"/> Parent's live-in partner	_____	_____	<input type="checkbox"/> Acquaintance	_____	_____	<input type="checkbox"/> Other relative	_____	_____	<input type="checkbox"/> Friend	_____	_____	<input type="checkbox"/> Stranger	_____	_____	<input type="checkbox"/> Unknown	_____	_____				<input type="checkbox"/> Other (specify): _____	_____	_____
	# Male	# Female		# Male	# Female																																														
<input type="checkbox"/> Parent/ Step-parent	_____	_____	<input type="checkbox"/> Boy/ girlfriend	_____	_____																																														
<input type="checkbox"/> Spouse/ live-in partner	_____	_____	<input type="checkbox"/> Ex-boy/ girlfriend	_____	_____																																														
<input type="checkbox"/> Ex-Spouse/ live-in partner	_____	_____	<input type="checkbox"/> Date	_____	_____																																														
<input type="checkbox"/> Parent's live-in partner	_____	_____	<input type="checkbox"/> Acquaintance	_____	_____																																														
<input type="checkbox"/> Other relative	_____	_____	<input type="checkbox"/> Friend	_____	_____																																														
<input type="checkbox"/> Stranger	_____	_____	<input type="checkbox"/> Unknown	_____	_____																																														
			<input type="checkbox"/> Other (specify): _____	_____	_____																																														
C. 15. WEAPONS/ FORCE USED <i>Document as per the victim's voluntary report of threats or weapons used and/or your physical findings.</i>																																																			
<input type="checkbox"/> Unknown <input type="checkbox"/> Bites <input type="checkbox"/> Gun <input type="checkbox"/> Restraints <input type="checkbox"/> Verbal threats <input type="checkbox"/> Hitting <input type="checkbox"/> Knife <input type="checkbox"/> Chemical(s) <input type="checkbox"/> Choking <input type="checkbox"/> Burns <input type="checkbox"/> Blunt Object <input type="checkbox"/> Other weapons Describe: _____ <input type="checkbox"/> Other physical force Describe: _____																																																			
D. ACTS DESCRIBED BY THE PATIENT/VICTIM:																																																			
Was there penetration, however slight, of: 16. Vagina <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt <input type="checkbox"/> Yes BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Tongue <input type="checkbox"/> Object/Other: _____ 17. Anus <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt <input type="checkbox"/> Yes BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Tongue <input type="checkbox"/> Object/Other: _____ 18. Mouth <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt <input type="checkbox"/> Yes BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Tongue <input type="checkbox"/> Object/Other: _____ 19. During the assault, were acts performed by the patient/victim upon the assailant(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <i>If yes, specify:</i> _____ 20. Did ejaculation occur? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE 21. Did assailant(s) use a condom? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE 22. Did assailant(s) use any substance as lubrication (saliva is considered lubrication)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <i>If yes, specify:</i> _____ 23. Did assailant(s) kiss, lick, spit or make other oral contact with the patient/victim? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <i>If yes, describe location:</i> _____ 24. Did assailant(s) touch the patient/victim with bare hands or fingers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <i>If yes, describe location:</i> _____ 25. Any injuries to patient/victim resulting in bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <i>If yes, specify:</i> _____ 26. Any injuries to assailant(s) resulting in bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE <i>If yes, specify:</i> _____																																																			
E. CASE STATUS AT TIME OF THE EXAM																																																			
27a. Evidence Collection Kit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 27b. Toxicology Kit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 28. Reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify police dept.:</i> _____ 29. DSS Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe status:</i> _____ 30. Restraining order in place before assault? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, date and court location:</i> _____ 31. Restraining order filed after assault? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, date and court location:</i> _____																																																			
F. MANDATORY REPORTING (Check all that apply):																																																			
32. 19A Elder Abuse Report <input type="checkbox"/> Yes <input type="checkbox"/> No 35. 12A Weapon Report <input type="checkbox"/> Yes <input type="checkbox"/> No 33. 51A Child Abuse Report <input type="checkbox"/> Yes <input type="checkbox"/> No 36. 70E Emergency Contraception Administered <input type="checkbox"/> Yes <input type="checkbox"/> No 34. 19C Disabled Persons Report <input type="checkbox"/> Yes <input type="checkbox"/> No																																																			

Mail or FAX this report to: **Massachusetts Executive Office of Public Safety-Statistical Analysis Center**
10 Park Plaza, Suite 3720
Boston, MA 02116

AND: Local public safety authority

FAX (617) 725-0260 or (617) 725-0261

RE2MA: PSCR1.6 11/05

PROVIDER SEXUAL CRIME REPORT

Overview

The Provider Sexual Crime Report (PSCR) was created as a mechanism for determining the volume and characteristics of rape and sexual assault crimes occurring in Massachusetts. These crimes are often not reported to police and are, as a result, not recorded or tracked. Medical providers can be of great assistance to law enforcement by reporting their cases to the State Police and local police department via the Provider Sexual Crime Report, thus enabling these crimes to be counted and cases of serial offending to be identified. Massachusetts General Law requires the Provider Sexual Crime Report to be completed by medical providers for every victim of rape or sexual assault. Specifically, *Chapter 112, Section 12½* requires:

“Every physician attending, treating, or examining a victim of rape or sexual assault, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim’s name, address, or any other identifying information. The report shall describe the general area where the attack occurred. Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars.” M.G.L.C. 112§ 12½

Instructions and Definitions

- **DO NOT** write a patient’s name, address, or any other identifying information on the PSCR. To ensure patient safety, the Report is anonymous.
- **Question 21:** Check “YES” only if all assailants used a condom. If one or more assailants did not use a condom, check “NO.”
- **Question 30 & 31:** These questions pertain to restraining orders in place or filed for assailant(s) involved in this attack only.

Rape: “Whoever has sexual intercourse or unnatural sexual intercourse with a person, and compels such person to submit by force and against his will, or compels such person to submit by threat of bodily injury and if either such sexual intercourse or unnatural sexual intercourse results in or is committed with acts resulting in serious bodily injury, or is committed by a joint enterprise, or is committed during the commission or attempted commission of an offense...”

M.G.L.C. 265 § 22.

Unnatural sexual intercourse: “Any penetration of the mouth, vagina, or anus by any foreign object or extremity; or, any penetration not understood to be what is collectively referred to as “sexual intercourse.” M.G.L.C. 265 § 22.

19A Elder Abuse Report: M.G.L. Chapter 19A, Section 15 requires certain professionals (including physicians, physician assistants, medical interns, and nurses) to report suspected occurrences of elder abuse, neglect and financial exploitation.

51A Child Abuse Report: M.G.L. Chapter 119, Section 51A requires certain professionals (including physicians, physician assistants, hospital personnel engaged in the examination, care or treatment of persons, medical interns, and nurses), who, in their professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child’s health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition.

19C Disabled Persons Report: M.G.L. Chapter 19C, Section 10 requires certain professionals (including physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, nurses) to report a serious physical or emotional injury resulting from the abuse of a disabled person including nonconsensual sexual activity.

Weapon Report: M.G.L. Chapter 112, Section 12A requires every physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm, or examining or treating a person with a burn injury affecting five percent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, **superintended** or other person in charge thereof, shall report such case at once to the colonel of the state police and to the police of the town where such physician, hospital sanatorium or institution is located or, in the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred.

Emergency Contraception Report: M.G.L. Chapter 111 Section 70E requires hospitals to report the dispensing of emergency contraception to a victim of rape.

Submission Requirements:

- Upon completion, please mail or FAX the PSCR to:

Massachusetts Executive Office of Public Safety-Statistical Analysis Center

10 Park Plaza, Suite 3720

Boston, MA 02116

FAX (617) 725-0260 or (617) 725-0261

- In addition, please mail a copy of the PSCR to the local public safety authority where the rape or sexual assault occurred.

Additional Information: Should you have any questions regarding the PSCR, please call the Massachusetts Statistical Analysis Center at (617) 725-3301.